



PLANNING APPLICATION FORM

TOWN AND COUNTRY PLANNING ACT 1990

Please read accompanying notes before answering any questions. Please complete all sections in **BLACK PEN AND BLOCK CAPITALS** and answer every question

I am applying for planning permission and declare that to the best of my knowledge all the information in this application form and on submitted plans is correct.

Signed: _____

Applicant/Agent (please delete)

Date: 12/12/06

FEE (please delete / insert as appropriate)

I enclose the application fee of £: _____

No fee is payable for the following reason:

RE-SUBMISSION FOLLOWING PREVIOUS
REFUSAL 2006/0023/P WITHIN 12 MONTHS

FOR OFFICE USE:

Receipt No.: _____

Date: _____

Payee: _____

Amount £: _____

Reference No: _____

2006/5706

1. APPLICANT

PROJECT SERVICES DEPARTMENT
Name GREAT ORMOND STREET HOSPITAL
FOR CHILDREN

Address GREAT ORMOND STREET
LONDON

Postcode WC1N 3JH

Email _____

Tel No 02074059200

AGENT

Name Llewelyn Davies Yeang

Address Brook House
Torrington Place

London Postcode WC1E 7HN

Email _____

Tel No. 02076370181

Mobile _____

Contact Name / Ref Andrew Forrest

2. ADDRESS OF APPLICATION SITE

SOUTHWOOD BUILDING (NORTH ELEVATION) GREAT ORMOND
STREET HOSPITAL NHS TRUST GREAT ORMOND STREET
LONDON Postcode WC1N 3JH

Does this site include any listed buildings / structure? Yes ☐ No ☒

3a. DESCRIPTION OF DEVELOPMENT FOR WHICH APPLICATION IS MADE

SEE ACCOMPANYING LETTER

3b. PRESENT USE(S) OF LAND OR PROPERTY

HOSPITAL (NHS TRUST)

4. TYPE OF APPLICATION (tick as appropriate)

A ☒ A full application for new building works and/or change of use

B ☐ An outline application – Please tick those matters (if applicable) for which approval is sought at this stage

Siting ☐ Access ☐ Design ☐ External appearance ☐ Landscaping ☐

C ☐ An application for removal / alteration of a condition of a previous planning permission

D ☐ An application for buildings or works already carried out or use of land already started

- If you have ticked C please give date of previous permission: and the reference No:

5. PLANS AND DRAWINGS SUBMITTED WITH THIS APPLICATION

Please list all drawings, plans and documents forming part of this application. (These should have distinctive reference numbers):

SEE ACCOMPANYING LETTER

Please specify type and colour of external materials here (or in a covering letter) and on your plans.

SEE ACCOMPANYING LETTER AND PLANS

6. ADDITIONAL INFORMATION

If any of the answers below is yes, the details should be clearly identified on the application drawings.

- Does the proposal involve the felling or lopping of trees?
If yes, specify works proposed

Yes ☐

No ☒

Does the proposal involve a new or altered access from a public highway?

Vehicular: Yes ☐ No ☒
Pedestrian: Yes ☐ No ☒

Does the proposal affect a public right of way?

Yes ☐ No ☒

Have arrangements been made for refuse storage?

Yes ☐ No ☒

Have arrangements been made for recyclable waste?

Yes ☐ No ☒

Does the proposal take account of the needs of people with disabilities?

Yes ☒ No ☐

Not applicable ☐ If not state reason why

Does the proposal provide for a means of escape in case of fire?

Yes ☐ No ☒

Please state the number of parking spaces:

~~existing~~ ☐

~~proposed~~ ☐

N/A

7. ALL TYPES OF DEVELOPMENT: FLOORSPACE

What is the amount of floorspace in the following categories to which this application relates?
(If vacant please state last known uses and give amounts.)

	Existing gross (state if vacant)	Proposed gross
Retail (A1)	m ²	m ²
Financial / Professional Services (A2)	m ²	m ²
Restaurants, Cafes, Snack bars (A3)	m ²	m ²
Pubs and Bars (A4)	m ²	m ²
Hot Food Takeaways (A5)	m ²	m ²
Offices	m ²	m ²
Industrial	m ²	m ²
Warehousing	m ²	m ²
Residential	m ²	m ²
Hotel / Hostel (see below)	m ²	m ²
Other (state use and whether now vacant and complete floorspace columns)	m ²	m ²
	m ²	m ²
	m ²	m ²
Total	m²	m²
Hotel / Hostel: number of (a) bedrooms (b) bedspaces	a) b)	a) b)

What is the total net area of the site? 2.14 m²/ hectares

8. DEVELOPMENT INVOLVING RESIDENTIAL USE (INCLUDING CONVERSION)

- Please give the number of **existing** residential units on the site:

Single family dwelling houses Self contained flats and maisonettes
Studios/Bedsits Number vacant

- Please describe the nature of any residential use not included in the above categories:

- Please give the number and size (by number of bedrooms) of **proposed** residential units on the site. Do not include any non-self contained units.

	Single family dwelling houses	Self contained flats and maisonettes	Studio/Bedsits
1 bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
3+ bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you proposing any non-self contained units? Yes ☐ No ☒

If yes, how many?

9. INFORMATION RELATING TO NON-RESIDENTIAL DEVELOPMENTS

- Does the proposal include the installation of plant, ventilation ducting or air conditioning equipment? Yes ☐ No ☒

- If yes, please give full details of the type of equipment proposed either on the drawings or in the form of a covering letter, manufacturers' specification and attach relevant acoustic information including background noise levels.

Does the proposal provide for loading and unloading within the site? (if yes, identify on plan)

Yes ☐ No ☒

Please give the number of vehicles that enter the site on a normal working day.

	HGV	Other vehicles		HGV	Other vehicles
Existing	<input type="text"/>	<input type="text"/>	Proposed	<input type="text"/>	<input type="text"/>

Does the proposal involve the use of hazardous materials? Yes ☐ No ☐

- If yes, please state what materials and approximate quantities in a covering letter.

10. SITE OWNERSHIP

- If you are the sole owner of the land to which the application relates complete **Certificate A** below (Owner means a person having a freehold or leasehold interest with at least 7 years unexpired).

This Certificate is not appropriate unless you are the sole owner.

- If you are not the sole owner of the land or if any part of the development goes outside land in your ownership, (even if only foundations) you must complete **Certificate B** below and serve notice on each of the owners, using the wording in Notice 1 below

- If you do not know the names of all or any of the owners you will need to complete Certificate C or D which will be sent to you on request.

- It is an offence knowingly or recklessly to complete a false or misleading certificate


CERTIFICATE A Under Section 66 of the Town and Country Planning Act 1990

I certify that:

1. at the beginning of the period of 21 days ending with the date of this application nobody, except the applicant, was the owner of any part of the land to which this application relates.

2. none of the land to which this application relates is, or is part of an agricultural holding.

Signed



Date 12/12/06

on behalf of GREAT ORMOND STREET HOSPITAL NHS TRUST

OR

CERTIFICATE B Under Section 66 of the Town and Country Planning Act 1990

I certify that:

1. I have / the applicant has given the required notice to everyone else who, at the beginning of the period of 21 days ending with the date of this application, was the owner of any part of the land to which this application relates, as listed below:
(continue on a separate sheet if necessary.)

Owner(s) name

Address at which notice
was served

Dates on which notice
was served

2. none of the land to which this application relates is, or is part of, an agricultural holding.

Signed

Date

on behalf of

NOTICE No. 1 Under Section 66 of the Town and Country Planning Act 1990

Proposed development at (a) _____

I give notice that (b) _____
is applying to Camden Council for planning permission to: (c) _____

Any owner of the land who wishes to make representations about this application should write to Planning, Development Control, Camden Town Hall, Argyle Street, London WC1H 8ND within 21 days of the date of service of this notice.

Insert:

- (a) address or location of the proposal development
- (b) applicant's name
- (c) description of the proposed development

Signed _____ Date _____

on behalf of _____

11. DUPLICATE APPLICATIONS / RE-SUBMISSIONS

Have you submitted a duplicate (ie identical) application Yes ☐ No ☐

If yes, and you have already received an acknowledgment,
please give our Reference Number:

Do you want your application to be considered as a re-submission of an earlier application that was either refused or withdrawn? Yes ☐ No ☐

If yes, please give our registered number and the date that your earlier application was either refused / withdrawn (please delete as appropriate):

Ref No: Date:

Have you submitted any other application in connection with this application? Yes ☐ No ☐
(eg for: Listed Building, Conservation Area, or Control of Advertisement Consent)

If yes, please specify: _____

12. RELATIVE OF A COUNCIL EMPLOYEE / MEMBER

Is the application submitted by or on behalf of a Councillor (or their spouse / partner) or any Council employee (or their spouse / partner)?

Yes ☐ No ☒